



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
DATAMASTER MAINTENANCE REPORT

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

**RECEIVED**

By Carol Day at 8:30 am, Jul 07, 2016

DATAMASTER SN <b>960016</b>	NAME OF AGENCY <b>El Dorado Springs Police Department</b>	DATE OF INSPECTION <b>07/05/2016</b>			
LOCATION OF INSTRUMENT (STREET AND CITY) <b>1207 South Main Street El Dorado Springs</b>		TIME OF INSPECTION <b>1546</b>			
<b>CHECKLIST:</b> Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.					
<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)		DATE AND TIME (from printout) <b>1546</b>			
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR				
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS				
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <b>49</b> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD				
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION				
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER				
<input checked="" type="checkbox"/> INDICATOR LIGHTS <b>GREEN</b>					
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>Guth Laboratories, Inc</b> LOT # <b>16080</b> EXP. DATE <b>03/07/2018</b>					
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.04</b> °C SIMULATOR SN <b>SD3146</b> EXP. DATE <b>01/11/2017</b>					
<input checked="" type="checkbox"/> CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE					
TEST 1 <b>0.095</b>	TEST 2 <b>0.095</b>	TEST 3 <b>0.096</b>			
<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)					
REFUSALS <b>0</b>	(0-.04) <b>0</b>	(.05-.09) <b>1</b>	(.10-.14) <b>0</b>	(.15-.19) <b>0</b>	OVER .19 <b>0</b>
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY). <b>This instrument meets Department of Health and Senior Services Rules and Regulations.</b>					
<b>INSPECTING OFFICER</b>					
SIGNATURE 			PRINT FULL NAME <b>Jarrod D. Schiereck</b>		
TYPE II PERMIT NUMBER EXPIRATION DATE <b>240337 09/15/2016</b>			TELEPHONE NUMBER <b>(417) 876-2313</b>		
RETURN COMPLETED REPORT TO THE: <b>Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63901</b>					

Face This Side Down - This Edge In First

## BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
ELDORADO SPRINGS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 960016  
07/05/16

TESTING OFFICER:  
SCHIERECK/JARROD/D  
OFFICER I.D.: 109  
PERMIT NUMBER: 240337  
EXPIRATION DATE: 09/15/16  
MISCELLANEOUS DATA:  
JULY/2016

--- SUPERVISOR MODE ---

BLANK TEST	.000	15:53
INTERNAL STANDARD	VERIFIED	15:53
EXTERNAL STANDARD	.095	15:53
BLANK TEST	.000	15:54
EXTERNAL STANDARD	.095	15:54
BLANK TEST	.000	15:55
EXTERNAL STANDARD	.096	15:55
BLANK TEST	.000	15:56

N = 3  
SIM. = .1  
AVG. = .0953

Operator Signature

2208-02

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## BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
ELDORADO SPRINGS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 960016  
07/05/16  
15:46

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS  
SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST  
!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHI  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz  
PQRSTUVWXYZ{|}~

Operator Signature

2208-02



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# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
ELDORADO SPRINGS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 960016  
07/05/16

ARREST TIME: 14:00

SUBJECT NAME:

DOE/JACK/A

DOB: 10/23/79 SEX: M

STATE/D.L.: MO/ZXC12098

ARRESTING OFFICER:

SCHIERECK/JARROD/D

OFFICER I.D.: 109

TESTING OFFICER:

SCHIERECK/JARROD/D

OFFICER I.D.: 109

PERMIT NUMBER: 240337

EXPIRATION DATE: 09/15/16

MISCELLANEOUS DATA:

R.F.I. TEST

## --- BREATH ANALYSIS ---

BLANK TEST	.000	16:00
INTERNAL STANDARD	VERIFIED	16:00
RADIO INTERFERENCE		

Operator Signature





**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **16080** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **March 9, 2016**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1210%** (w/vol) ethyl alcohol. The expiration date for this lot number is **March 7, 2018** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L  $\pm$  3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

**NIST Traceability:**  
Testing was conducted using Cerilliant Reference Standard lot number **FN08051301** whose values are traceable to NIST.  
All balances are calibrated annually by an outside agency using NIST traceable weights.  
Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

2

PERMIT  
TYPE II

JARROD D SCHIERECK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 9/15/2014

NUMBER 240337

EXPIRES 9/15/2016

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

7-0771 (6-10)

LAB-4 (R6-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD	
The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.	
Operator SCHIERECK, JARROD	
Permit No 240337	
Date Issued 9/15/2014 Date Expires 9/15/2016	